

Case Number:	CM15-0035418		
Date Assigned:	03/03/2015	Date of Injury:	10/01/2010
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained a work related injury on 10/01/2010. According to a progress report dated 02/04/2015, the injured worker reported pain along the right shoulder, lower back with radiation into the legs, right hip and left ankle. She also reported nausea, constipation, abnormal gait, back pain, joint pain, joint stiffness, joint swelling, memory loss, muscle spasms, numbness, tingling and weakness. There was more right hip and groin pain secondary to spasm. The injured worker reported having more big toe numbness. She felt that some of the pain in the shin was from the knee. She was having a lot of radicular pain down the lower back into the leg. Current medications included Lactulose, Ondansetron, Senna, Clonazepam, Lidoderm, Topamax, Omeprazole, Carafate, Ultracet, Deplin, Cymbalta, Lasix and Latuda. Diagnoses include hip pain, radiculopathy and disc disorder lumbar. Prescriptions were given for Baclofen, Topamax, Omeprazole, Carafate and Ultracet. She was temporarily totally disabled until the next appointment. On 02/11/2015, Utilization Review modified Baclofen 10mg #60 and non-certified consultation with an orthopedic specialist (left knee). According to the Utilization review physician, the claimant complained of increased right hip and groin pain secondary to spasm. Examination of the lumbar spine showed muscle spasm. However, there was no documentation of an end-plan or a comprehensive medication management regarding Baclofen use. Muscle relaxants are not recommended for long term use or more than two to three weeks. CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were referenced. In regard to consultation, there was limited documentation of ongoing knee symptoms to

necessitate this requested consultation. Official Disability Guidelines, Knee and Leg were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 63.

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Baclofen 10mg #60 is not medically necessary.

Consultation with an orthopedic specialist (left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee and Leg procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Consultation with an orthopedic specialist (left knee) is not medically necessary.